



From Research to Impact: A Toolkit for Developing Effective Policy Briefs

This Toolkit was produced at the request of the Leong Centre for Healthy Children's
Advisory Committee



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Executive Summary

Objective:

This toolkit provides a guide for researchers on the development of effective policy briefs to communicate research findings to policymakers to support evidence-informed decision-making.

Key Points:

- A policy brief is one component of a comprehensive policy impact plan. It typically provides a concise summary of a specific issue, the policy options to address it, and some recommendations for action.
- Policy briefs are often based on a larger evidence synthesis or research study which provides more technical details.
- Policy briefs generally target an informed, non-specialist audience. Therefore, language should be **clear and concise**; academic and technical jargon should be drilled down into plain and non-academic language.
- There are two types of policy briefs: an **objective brief** that gives balanced information about the policy options and allows policymakers to make their own decision, and an **advocacy brief** favouring one suggested policy option.
- The **process** of developing a policy brief includes planning, writing, designing, and revising, and disseminating. Typically, visual aids are used to present the results in a simplified way to capture readers' attention with clear takeaways.
- The **outline** of a policy brief usually includes the following sections: title, background, research results, policy options, implications, recommendations, and conclusions.
- Results and proposed solutions or policy options to address the issue should be presented in a neutral, objective manner and should consider important dimensions such as feasibility, costs, and other pros and cons. Make sure your argument flows clearly based on appropriate structure and data.
- The **implications** section draws from the results of the research to discuss the broader implications of the findings from a policy perspective.
- **Recommendations** should be easy to find, clear and easy to understand, short, specific, realistic, relevant, attainable, and usually start with action words.

From Research to Impact: A Toolkit for Developing Effective Policy Briefs

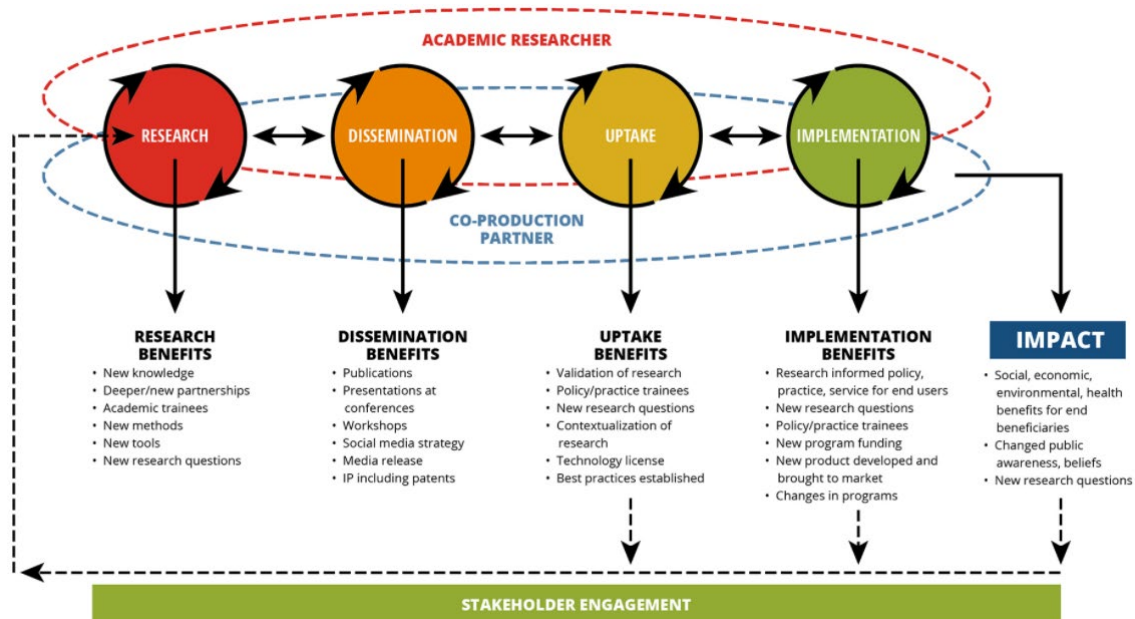
1.0 Introduction

1.1 Moving from research to impact

Scientific research evidence plays a key role in shaping the policies that impact population health. However, merely creating new knowledge does not guarantee improved outcomes at a population level. To ensure that policies are based on the latest scientific evidence, research evidence must extend beyond academic settings and be made **available**, **accessible**, and **useful** to policymakers to help inform decision-making. This process of *knowledge mobilization* has become an essential component of the research cycle as a way to bridge the gap between knowledge and practice. The process can be nimble and quick or more in-depth and comprehensive, depending on the specific query or aim; but the primary goal is to enhance the uptake and impact of research findings.

The entire process of knowledge mobilization is not always one-way or linear; instead, it can be thought of as more of a continuous cycle from research to impact, often involving collaboration and engagement between researchers and stakeholders at every stage. To illustrate this idea, a comprehensive model of the “Co-Produced Pathway to Impact” was developed by Phipps et al (2016) to provide a framework that can be adapted and used by research organizations across a variety of domains. For example, the Kids Brain Health Network recently refined the model to be able to use it as a tool to monitor the progress of multiple research projects (see Figure 1).

Figure 1: Co-Produced Pathway to Impact Model



Source: Kids Brain Health Network (2020) <https://kidsbrainhealth.ca/index.php/impact/impact-framework/>; as adapted from Phipps et al (2016) and Bayley et al (2017)

However, it should be noted that this model presents one example of how the impact cycle could ideally take place, but it is not always the most efficient or effective path to achieve the desired impact. While researchers may be encouraged to connect with policymakers early in the process if possible, they often initiate or engage in a knowledge mobilization strategy without the benefit of pre-existing partnerships with government or stakeholders. Appendix F provides an example of a template that can be used to brainstorm the most appropriate research plan and knowledge translation strategy depending on the researchers' aims, resources, and desired impact.

Knowledge mobilization encompasses two key processes: knowledge synthesis and knowledge translation. *Knowledge synthesis* involves systematically gathering and summarizing all of the available evidence on the topic through a rigorous approach. The approach should be defined from the start of the project by engaging with the key knowledge users, experts, and other stakeholders to determine the appropriate strategy in line with the purpose and objectives of the research.

Once the evidence has been synthesized, it must be shared and communicated effectively with the relevant audience and stakeholders, including governments, policy analysts, NGOs, health practitioners, and other organizations. This process of *knowledge translation* relies on various communication tools and methods to engage a non-scientific audience. This will enhance their ability to apply the knowledge gained from the research findings to support evidence-informed decision making. It is also important for both sides to have a good understanding of the specific demands of the policy development, for the process to be more efficient.

1.2 Purpose of this toolkit

One of the tools to communicate research findings and knowledge effectively and concisely with maximum impact is a **policy brief**.

It should be emphasized that a policy brief is not the only useful tool for knowledge translation, and researchers should consider all available options and strategies for communicating the evidence in the most effective way, depending on the issue and the surrounding political climate. A policy brief will have the greatest impact if it is built into a broader comprehensive policy impact plan, and creating this plan is an important first step in the entire process.

What does this toolkit cover?

This toolkit provides an informative guide for researchers on how to develop effective policy briefs to communicate their research findings **after they have completed** the knowledge synthesis step.

The learning objectives for this toolkit are:

- Understand the difference between a policy brief and other types of knowledge translation tools and publications
- Determine which type of policy brief is most appropriate and how to present the research findings based on the objective
- Review the common components and structure of an effective policy brief
- Learn how to write specific policy recommendations and implications based on the evidence
- Consider other components that complete the document, such as visual aids and formatting
- Begin planning a broader dissemination process for your completed research study

What is not covered?

The scope of this toolkit is limited to providing key points to consider in the process of developing a policy brief and is meant to be brief, informative, and easily accessible rather than providing a complete and detailed manual. As this document is primarily aimed at researchers, we do not include a full analysis of the research to impact cycle from the perspective of policymakers or politicians. We also do not cover other aspects of the knowledge mobilization process, such as determining the research question and the appropriate product, developing an impact plan, or engaging in other types of communication or advocacy strategies within the broader dissemination plan.

2.0 Overview of a Policy Brief

The development of a policy brief can be approached in different ways; there is no single or standard definition or template for a policy brief. For the purpose of this guide, we follow the description provided by the World Health Organization:

“A summary document focusing on a policy or research question, providing a short overview of its main characteristics, typically offering some implementation, governance, delivery and financing concerns and options, and concluding with implications for policy (with or without recommendations).”

Note: Different institutions may use their own terms for a policy brief, although the standard features should remain the same. Other common names for policy briefs include briefing, policy analysis, policy briefing, policy memo, position brief, position briefing, position paper and fact sheet.

2.1 Policy brief vs. policy paper/study

As mentioned in Section 1.2, a policy brief is not the only type of report or document used to communicate research evidence to government or other stakeholders. Discussion of these other types of briefs – such as an information brief or issue brief - is beyond the scope of this toolkit, but an overview of some of the types of briefs used in public health is provided in Appendix A.

A policy brief is also sometimes related to another type of knowledge translation tool - a policy study. The relationship between these two products and their differences are discussed below. Section 7 also provides more details on how to create a policy brief from a larger policy study. You can also prepare different policy briefs for different stakeholders based on the findings from a comprehensive policy study.

Table 1. Differences between policy study report and policy brief

Areas of Difference	Type of Policy Report	
	POLICY STUDY	POLICY BRIEF
Audience	Targets other policy specialists or experts	Targets an informed, but <i>non-specialist</i> audience (e.g. decision makers, NGO advocates, journalists)
Focus	Issue-driven: In-depth analysis of policy issues and options available based on research	Audience-driven: Specific policy message designed to engage and convince key stakeholders
Context of Use	Focused on influencing current expert thinking on the policy challenge (and informs the brief)	Used as a tool to support advocacy activities, to start a conversation/get the interest of non-specialist audiences (links to the study)
Methodology	Usually includes a lot of evidence, based on primary research	Only includes the key findings from the primary research ('tip of the iceberg')
Ideas/Language used	Can be discipline-specific/technical	Must be very clear and simple
Length	35 to 60 pages	2 to 8 pages*

Source: Adapted from [Young & Quinn \(2017\)](#). *The number of pages may vary (see Section 3.0, Length.)

While policy studies usually target other policy specialists or experts, policy briefs target an informed, non-specialist audience such as decision-makers, NGOs, advocates and journalists. Although these are people who regularly work on the issue addressed in a policy brief and thus have some knowledge about it, they are mostly not the people who conduct policy research themselves or read expert texts such as scientific papers. Box 1 provides some key points to consider about policymakers.

A policy brief can be used as a tool to support advocacy activities, to start a conversation or interest non-specialist audiences. Therefore, it only includes the key findings from the primary research.

In contrast, a policy study provides more in-depth analysis of policy issues and available options based on research and focuses on influencing current expert thinking on a policy challenge. The length of the policy study is therefore much longer than a policy brief.

Researchers may choose to publish both types of reports to reach different audiences on the same issue. When a more in-depth policy study exists, it can inform the policy brief. Figure 2 shows how a policy brief can address its original policy study.

Box 1: What to Know about Policymakers

- ✓ Prefer short, to the point products
- ✓ Want information that is relevant to current policy debates
- ✓ Want clear, unambiguous answers
- ✓ Interested in population trends, economic consequences, and programs' effectiveness
- ✓ Generalists, prefer plain language over statistical or technical research language

Figure 2: An example of how to address a relevant policy report at the end of a 2-page policy brief




2.2 Types of policy briefs

There are two basic types of policy briefs (see Figure 3 for examples):

1. **Advocacy brief:** Chooses a policy option based on the available evidence. One example is a policy brief for increasing social distancing to decrease impact of COVID-19
2. **Objective brief:** Presents balanced information for the policymakers and allows them to decide the best option

While an advocacy brief may be useful in certain situations, an objective brief is recommended for most purposes when the aim is to communicate research evidence on a topic in a credible and accurate manner while remaining objective.

Figure 3: Examples of advocacy (left) and objective (right) policy briefs



Policy Brief

Centre for Community Child Health

murdoch children's research institute

Edition no. 29, May 2018

Child Mental Health: A Time For Innovation

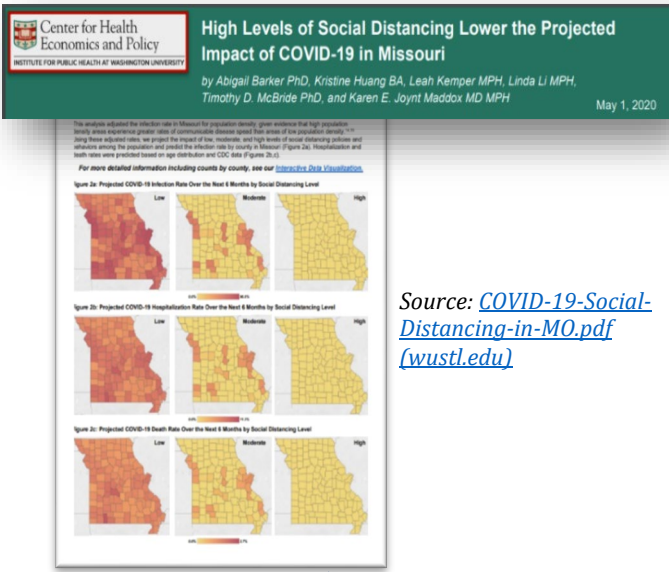
Child mental health has long been marginalised in policy and funding discussions. This Policy Brief identifies an urgent need to change this paradigm and formulate a comprehensive, sustainable and evidence-informed plan to effectively promote and improve the mental health of children and the adults they become.

Child mental health services are relatively neglected from a policy and resource perspective. Successive federal and state governments have prioritised adolescent and

Key messages

- Approximately half of adult mental health problems begin before the age of 14.
- Failing to address childhood mental health issues contributes to significant long-term personal, economic and social costs for individuals and the community.
- An integrated and coordinated approach to child mental health that encompasses promotion, prevention, early intervention and treatment is required.

Source:
<https://apo.org.au/sites/default/files/resource-files/2018-05/apo-nid173246.pdf>



High Levels of Social Distancing Lower the Projected Impact of COVID-19 in Missouri

by Abigail Barker PhD, Kristine Huang BA, Leah Kemper MPH, Linda LJ MPH, Timothy D. McBride PhD, and Karen E. Joynt Maddox MD MPH

May 1, 2020

The authors adjusted the infection rate in Missouri for population density, given evidence that high population density, which requires greater rates of interpersonal contact, is a driver of the spread of COVID-19. Using these adjusted rates, we present the projected impact of the COVID-19 pandemic on Missouri by county in Missouri (Figure 2). For more detailed information including county-by-county, see our [Interactive Data Visualisation](#).

Figure 2a: Projected COVID-19 Infection Rate Over the Next 6 Months by Social Distancing Level

Figure 2b: Projected COVID-19 Hospitalization Rate Over the Next 6 Months by Social Distancing Level


Figure 2c: Projected COVID-19 Death Rate Over the Next 6 Months by Social Distancing Level

Source: COVID-19-Social-Distancing-in-MO.pdf (wustl.edu)

This policy brief describes the effects of **the social distancing policy** based on the results of a modelling study in all areas of Missouri during the COVID-19 outbreak, developed in a limited time during the COVID-19 pandemic (1 May 2020).

Based on the available evidence from Australia, this policy brief suggests an urgent need to change this paradigm and **develop an integrated and coordinated approach to child mental health.**

This CDC policy brief introduces **three policy options** for child mental health in rural areas in the US and reviews the effectiveness, cost, and challenges of each option.



RURAL HEALTH
POLICY BRIEF

PROVIDING ACCESS TO MENTAL HEALTH SERVICES FOR CHILDREN IN RURAL AREAS

- Telemedicine
- Integration of behavioral health and primary care
- School-based care

Source: CDC Mental-Health-Services-for-Children-Policy-Brief-H.pdf (cdc.gov)

2.3 What are the key elements of a policy brief?

An effective policy brief should stimulate the reader to consider the knowledge in their decision-making. In order to do this, the policy brief should provide enough background for the reader to understand the problem and convince them that the problem must be urgently addressed. It should also describe the evidence to support one alternative (in an advocacy brief) or different alternative policy options (in an objective brief). To have maximum impact, there should be an appropriate balance between the need to provide enough detail and information to explain the research with the need to be clear and concise. The key characteristics of an effective policy brief needed to achieve this balance are listed in Box 2.

Box 2: Key Features of Policy Briefs

- ✓ **short and to the point**
- ✓ **clear** and easy to understand
- ✓ **focused** on a specific issue/problem
- ✓ **accurate** and **credible** - based on **firm evidence** from a body of knowledge, not just a single study
- ✓ **relevant** to current issues
- ✓ focused on **what the writer found and recommend** - and not the details of the methodology

Other Points to Consider:

- Policymakers do not often have the same level of prior knowledge, and until they understand the science behind the findings, the findings are likely to be disregarded or overlooked. It is important to try to frame the issue and explain complex concepts for lay audiences so that they can easily understand and engage with the ideas (see Box 3 for a case study example).
- Use a professional as opposed to an academic tone.
- Use subheadings to help the readers navigate more easily through the text.
- Be clear about the definitions used in the document; for example, if you are writing about lack of access in rural areas, the definition of 'rural' should be interpreted the same way by both the writer and readers. Consider adding a **glossary of terms** to aid the interpretation of any technical terms.

Note: Ideally, a strong policy brief should be based on firm and reliable evidence from various sources – preferably from several jurisdictions or organizations. It should not just rely on one or two experiments or the latest study. However, in some situations, such as during the COVID-19 pandemic, even limited research studies can be useful for policy direction. For example, Figure 3 presents one policy brief based on the results of a modelling study to introduce and support social distancing policy to control COVID-19 impact in Missouri.

Box 3: National Scientific Council on the Developing Child: A Case Study on Successful Mobilization of Knowledge to Policy Impact

A Decade of Science Informing Policy

The Story of the National Scientific Council on the Developing Child



Center on the Developing Child  HARVARD UNIVERSITY

“For the past decade, a diverse group of distinguished scientists has worked to translate complex research about early brain development into language that is scientifically accurate, highly credible, understandable to nonscientists, and useful to public decision makers. Across the United States and around the world, in both public and private sectors, the work of the National Scientific Council on the Developing Child has helped change the conversation about providing young children with a healthy, safe, and nurturing start in life.”

(Center on the Developing Child at Harvard University, 2014)

What did the Council do well?

- ✓ Made the research **easy to understand** – removed scientific jargon from reports and used “explanatory metaphors” to explain complex concepts through a *core story*, which has become the foundation for all of their communications.
 - Examples: the concept of “toxic stress” for children; and the idea that early childhood experiences build “brain architecture” with simple circuits forming before more complex ones.
- ✓ Commitment to **scientific rigor** – all publications including briefs and working papers must first go through an internal review process until all members are satisfied that it is clear, accurate, and useful.
- ✓ Formed bi-directional **partnerships** with legislators to learn from each other and included members of government in working groups and summit meetings
- ✓ Established a prominent web-based presence to **disseminate** the science more broadly, using a **range of communication tools** (i.e. videos, slide shows, briefs, interactive features, social media)
- ✓ Remained **true to the science** as “knowledge brokers” – the Council has stuck to their core areas of expertise and has not expanded into other activities such as advocacy. They do not make specific recommendations on programs and policies or take sides on political issues.

Source: Center on the Developing Child at Harvard University (2014). <http://www.developingchild.net>

3.0 Preparation Process

In general, the process of developing a policy brief has four steps:

1. **Planning:** Determine the purpose, audience, stakeholders, type of policy brief (objective vs. advocacy policy brief) and structure to implement.
2. **Writing:** Based on the research and literature review, write the policy brief according to the selected structure and outline (Section 4.0).
3. **Designing and Revising:** The appropriate design and presentation of a policy brief helps to keep the reader engaged. Use compelling titles and headings, informative graphics, bulleted lists to summarize your points, sidebars and boxes that featuring interesting details (Section 5.0). After writing the draft, review once again the purpose, audience, content, and structure. Refining the contents and format and incorporating feedback from others will improve the final product (Section 6.0).
4. **Disseminating:** Communicate the findings broadly using a variety of strategies (Section 7.0)

(Adapted from International Development Research Centre [IDRC]. [How to write a policy brief | IDRC - International Development Research Centre](#))

Knowing your stakeholders: In the planning process, knowing your audience group is crucial to understand their interests and concerns better and outline the questions that should be answered in the policy brief. A **stakeholder** is anyone affected by your policy options. Different policy options usually have different implications for various stakeholders. In other words, your policy options and recommendations invest more in some stakeholders or affect some of them differently. Knowing the audience's existing position about the subject of your brief and competing views conveyed by other stakeholders helps you strengthen your argument. If you do not have this information, do further research and avoid guessing. Attention to the stakeholders when presenting your policy options will lend credibility to your argument and the policy recommendations.

Appendices B and D provide some guiding questions to ask yourself during the planning, writing and revising process. Appendix C depicts different structures for a policy brief with examples.

3.1 Length of a policy brief

Due to the lack of a universal definition for a policy brief, there is no specific agreement on its format and size. A typical format runs from 2 to 4 pages of A4 paper (between 1,000 to 2,000 words). Longer briefs (up to 8 pages, or 3,000 words) and other formats are also possible. Since concise may be a relative term, some policy briefs are much longer. Consider the purpose and audience of the policy brief when determining the appropriate length.

Strategies for longer briefs

Writing separate policy briefs on different aspects of one problem is one strategy for preparing more concise and effective policy briefs. Another strategy is to divide a longer brief into sections or chapters covering different dimensions of a problem, each of which

could potentially stand alone as a shorter brief and could be pulled out and targeted for various audiences or purposes if needed. For example, the Royal Society of Canada (RSC) published a 35-page [RSC policy briefing](#) about supporting the mental health of the people of Canada during COVID-19. It includes various sections covering different aspects of the impact of COVID-19 on mental health, such as access, Indigenous mental health, prevention, parenting and home schooling etc. While each section is comprehensive and includes specific targeted recommendations, the entire policy brief also provides a complete conclusion and combined recommendation list for policymakers.

4.0 Outline of a Policy Brief

One of the significant challenges of writing a policy brief is determining how to arrange the argument in a meaningful way in a short document. Policy briefs can vary in structure. However, the most common outline includes the following components.

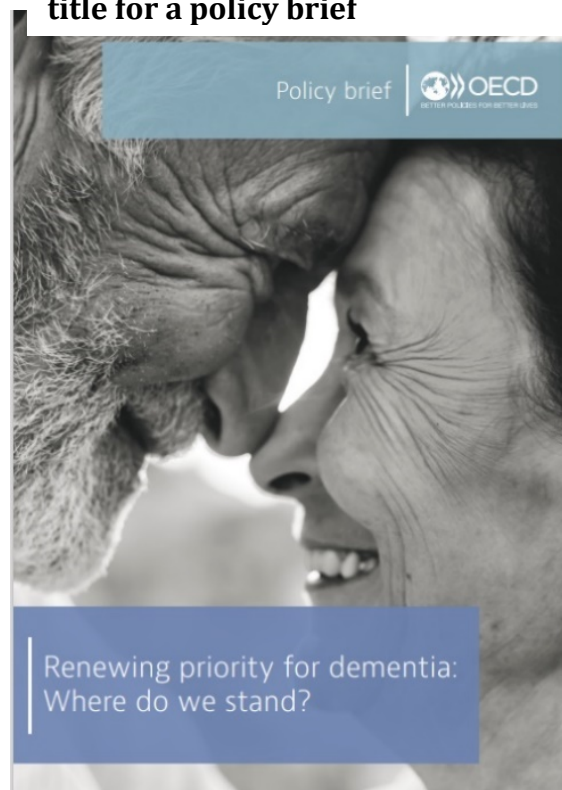
Note: There are various ways to structure the main body of your policy brief. In this outline, we follow the “problem-effects-causes-solutions” approach. Other types of structures are presented in Appendix C.

4.1 Title

The title of the brief is a critical opening element in grabbing the attention of the reader. The title should be **short, memorable, and to the point**:

- ✓ It should be short — usually less than 12 words. If that is not possible, consider breaking it into a title and subtitle. It should get the reader’s attention, for instance, by including relevant keywords or find a specific turn of phrase or a compelling question.
- ✓ The title should be to the point and relevant to the topic. Be careful not to use academic titles that may be more suitable for a policy study. For example, a policy brief by the Centre for the Developing Child at Harvard University uses the title “*Health and Learning Are Deeply Interconnected in the Body*” to communicate the key message from their more detailed working paper on which the brief is based, which uses the longer title “*Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health are Deeply Intertwined*”.

Figure 4. Example of an impactful title for a policy brief



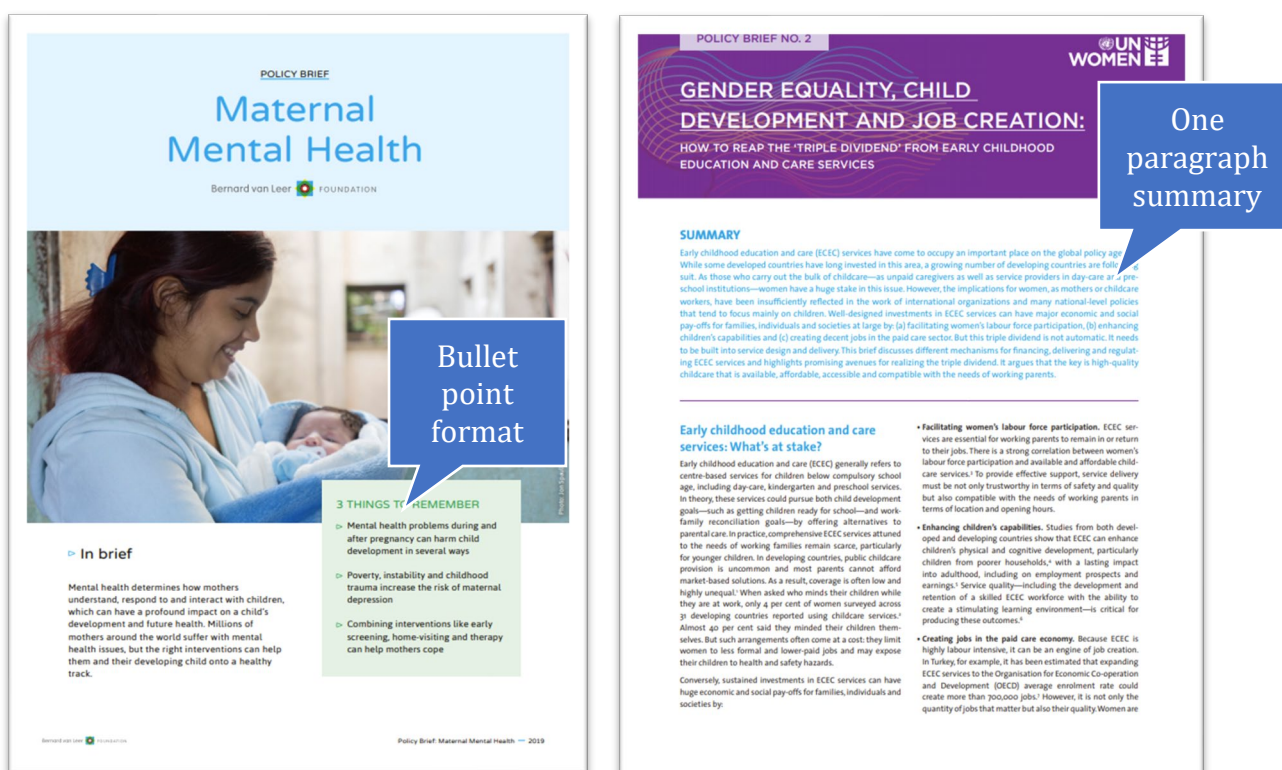
4.2 Executive Summary/Summary

The executive summary should include clear statements on the problem or issue addressed in the brief; the most striking identified policy failures/insights or what we know/do not know about practical options to address the problem; and the main focus of your recommendations.

The inclusion of an executive summary depends on the size of the policy brief - a policy brief of one or two pages often does not need an executive summary or not more than three sentences, highlighting the most significant points of the brief.

Longer policy briefs may include a brief executive summary or key policy message at the beginning, usually in a separate text box. It may contain three or four bullets, including the main points that policymakers should take away from the brief, even if they read nothing else. Figure 5 shows some examples of different styles of summaries.

Figure 5. Examples of a summary in a policy brief



4.3 Background/rationale

A policy brief should begin with a brief background summary to identify and outline the issue. This section introduces the topic and explains **why** it is important, so that the reader can easily understand why he/she should take action about it. The background should

describe what is known about the scope and severity of the problem to help frame the policy issue for the audience. It can also identify gaps in the knowledge base (i.e. what we don't know). A statement of the problem could be in the form of a question that requires a response or decision.

The following points may be included in the background summary:

- Identify the problem (What is the problem? Why is it important?)
- Background, context (What is the history of the problem? What is the current status and does it differ in other jurisdictions? Who is involved?)
- Causes of current situation (Why? Give evidence or examples.)
- Effects of current situation (What effects does it have? How many people are affected? Give evidence or examples.)

Keep in mind that the level of prior knowledge of the issue can vary depending on the reader; therefore, it is best to be clear and convincing from the beginning and use this opportunity to strongly establish the importance, relevance, and urgency of the issue. After reading this section, the audience should clearly understand **what** the problem is, **why** they need to take action, and that actions are needed **now**.

4.4 Results of the research

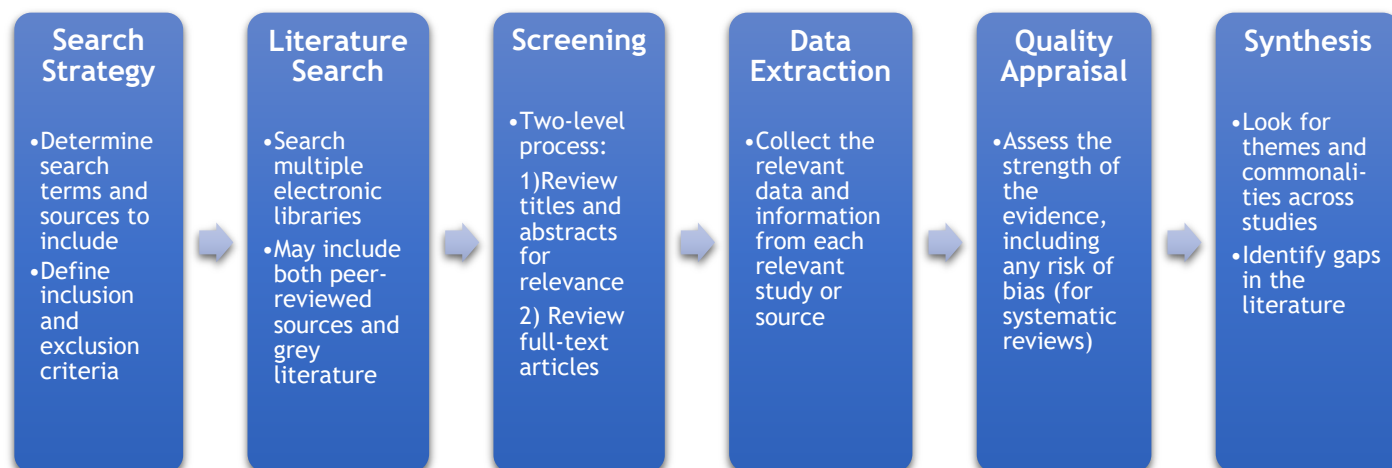
After describing the background and context for the issue, the results of the research conducted for the policy brief are presented. You can structure this section based on your topic and audience in various ways (e.g. see Appendix C). However, regardless of the structure, the results section is a significant part of a policy brief because it provides the evidence to support your conclusions and recommendations.

The results may be based on either your own research studies and findings, or a summary of the available literature on the topic (i.e. research that has been conducted by others). There are a few different methods for reviewing the literature - the appropriate method should be decided as part of the research process before you begin. Some of these methods are described below:

5. **Literature review** – a general term for a review of the published literature on a topic; may vary in level of comprehensiveness
6. **Scoping review** – preliminary assessment of the size and scope of available literature to determine the nature and extent of research evidence
7. **Systematic review** – systematic search and synthesis of the evidence on a topic with evaluation of methodological quality; often adhering to specified guidelines
8. **Rapid review** – time-limited assessment of what is known about a topic, using systematic review methods to search and critically appraise existing research
9. **Umbrella review** – a high level overview that compiles all the evidence from other systematic reviews and meta-analyses on a topic (i.e. “a review of reviews”)

Some key steps in reviewing the literature should be followed regardless of the specific method, although some steps will vary depending on the type of review (see Figure 6). It is best to have two independent reviewers go through the literature to determine which sources to include, with any disagreements resolved by discussion.

Figure 6: Literature synthesis process



Source: Partly adopted from SPOR evidence alliance: <https://sporevidencealliance.ca/research-2/our-research/>

The results of the research or literature review should be summarized in a clear and concise manner, following the guidance for the other sections of the policy brief, but with enough detail and supporting references to reliably establish the evidence base and allow the audience to trust the results. Provide any information on the scope and level of evidence, with any statistical data to support your findings if available. Include any results from local or comparable jurisdictions, if possible, to enhance their relevance to the target audience. It may also be helpful to group the results into sub-sections under different headings or themes; or to divide the results into pros versus cons to present the evidence supporting different sides of the issue.

4.5 Proposed policy options

Once the results of the research or review have been summarized, they should build the case for proposing evidence-based solutions to solve or address the issue.

The discussion around the proposed policy options should be fair and accurate while convincing the reader why the current policy should be changed and what steps can be taken to change it. In an *objective brief*, you may present more than one policy option and allow the target audience to determine which one is most suitable. In an *advocacy brief*, you may present only one particular course of action and explain why it is the most desirable policy option. Box 4 shows an example of a policy brief with three policy options and three case studies.

When presenting several policy options in an objective policy brief, it can be useful to structure the options according to three levels or types:

- 1) **Status quo** option – generally maintaining the current or existing policy with no significant changes or improvements (i.e. doing nothing)
- 2) **Gold standard** option – the ideal policy or practice that would improve outcomes and have the greatest impact, regardless of costs or barriers
- 3) **Alternative** option – a realistic proposal for action that considers the constraints of time and resources for policymakers

Note that policymakers often evaluate policy proposals or options through a lens that considers “imperatives” and “risks”. Therefore, it can be advantageous for researchers to adopt this same approach when presenting policy options. This may include exploring key elements of the proposed options (how and why it works), the benefits and risks for each option, estimated costs and cost-effectiveness, timing, stakeholders’ positions and experiences, and legal and ethical challenges. By considering each of these dimensions, you should aim to convince the reader why it is better to do something than to do nothing.

Table 2 depicts some dimensions that can be considered for presenting policy options, given data availability.

Box 4: Example of Presenting Policy Options



In this policy brief, the issue was a gap between the demand for services from child psychiatrists and psychologists and the supply of providers. The policy brief introduces three policy options:



Telemedicine



Integration of behavioral health and primary care



School-based care

The policy brief explains the evidence around effectiveness, cost, and challenges of each option. It also provides in sidebars, case studies from different states in the US including Oregon, California, and Colorado.

POLICY OPTIONS (CONTINUED)

Licensure Requirements
Each state establishes licensure requirements for health care professionals who practice within their borders. The unique nature of telemedicine services could allow doctors and mental health providers to easily provide services across state lines, but many states' licensure requirements limit the possibility. These licensure laws cover physicians as well as psychologists, social workers, nurses, and pharmacists.¹⁷ Some evidence suggests that adding licensing requirements for professionals who practice across state lines may slow or limit the expansion of telemedicine technologies by some health care facilities.¹⁸

To deal with this emerging issue, states have established several options for licensing telemedicine practitioners. Eight states accept conditional or telemedicine licenses from out-of-state physicians. These states have established registries that permit qualifying out-of-state physicians to practice in the states. Eighteen states have adopted the Federation of State Medical Boards' compact which "enforces an expedited license for out-of-state practice" for doctors, including psychiatrists.¹⁹ Similar multistate agreements that would include other mental health professionals, such as psychologists, are in the early stages of development.

Evidence of Effectiveness
Evidence suggests that telemental health services can be effectively delivered to underserved populations, such as rural Americans.²⁰ Telemental health can also effectively treat underserved children with specific conditions such as ADHD.²¹ Research suggests that telemental health services could meet the broader behavioral health needs of children and adolescents, and some programs have demonstrated that telemental health can successfully meet the psychiatric needs of rural children.²²

Although these studies demonstrate effectiveness for these specific populations, more evidence is needed to support the use of telemental

CASE STUDY: CALIFORNIA

Westside Park Elementary School Health Center, California
In 1995, Westside Park Elementary School in Adelanto, California, was able to open an SBHC with funding they received from HRSA. Through the 15 years of operation, the SBHC has been able to work with the Adelanto Unified School District to obtain support for the facilities and services. This school also has a partnership with the state school-based health agency, California School Based Health Alliance.

The SBHC serves about 1,300 patients a year "providing basic medical care, immunizations, dental screenings, and counseling services." A bilingual counselor is also present. Ash transportation is an issue for the residents of this community. The SBHC has a van to transport children to health services such as dental appointments. This school has worked with partners ranging from San Bernardino County Public Health to local agencies such as the food bank. Since opening, the leadership of the SBHC has learned that partnerships are needed to sustain the SBHC.²³

Source: CDC. [Mental-Health-Services-for-Children-Policy-Brief-H.pdf \(cdc.gov\)](https://www.cdc.gov/mentalhealth/pubs/2017/07/mental-health-services-for-children-policy-brief-h.pdf)

Table 2: Dimensions to Consider for Policy Options

Category	Dimension	Description
Effects	Effectiveness	The known or potential beneficial effects of the option
	Unintended effects	The known or potential unintended effects of the option
	Equity	The groups that are most likely to be affected by the policy option and the known or anticipated differential effects on the most vulnerable groups
Feasibility	Technical	The level of required expertise and technology (equipment, tools) that may need to be tested or developed and educational and training requirements to be operationalized, and assessment tools.
	Economic	The costs and benefits generated by the implementation of the option being considered, required resources (human, material and financial) resources at all levels (local, regional, national) and the anticipated costs of inaction or implementation of other policy options
	Legal	Conflict with the legal requirements, pending legislation or violation from agreements in any step such as implementation or assessment, e.g. the Data Protection Act
	Operational	The challenges and opportunities in an area, such as local language, cultural barriers, interaction with other projects/stakeholders, the required levers for action and administrative mechanisms that are already in place or need to be in place
	Schedule	Attention to the desired or mandatory time to plan, build, train for, and implement, specifically in emergencies or epidemics
	Political	Attention to the essential political will and political consequences of a move, stakeholders' and political parties' concerns and their position

Sources: Tessier, 2017. [The policy brief: a tool for knowledge transfer \(ncchpp.ca\)](#); Tylor, 2007. [In praise of the feasibility study](#)

4.6 Implications of the Research

This section draws from the results of the research to discuss the broader implications of the findings from a policy perspective. In addition to outlining the various policy options, you should explain what the evidence and the proposed solutions mean for the target audience, and how they would impact both policymakers and the population as a whole. It may be helpful to anticipate any questions that the reader may have and use this opportunity to answer those questions, highlighting the benefits of the proposed or recommended action. The discussion of policy implications can be summarized in a couple

of paragraphs that re-emphasize the importance of the issue and the need for action. Figure 7 shows an example of presenting policy implications.

Importance of providing context:

In this section, the reader should know what has already been done about the issue or what solutions have already been proposed, and how the suggested policy changes will improve the situation. It can be extremely helpful to provide relevant comparisons, examples or evidence through a cross-jurisdictional scan to build the case for the proposed policy options. This can include information about other jurisdictions or organizations who have addressed a similar problem and the outcomes of their initiatives, and any related legislation or policies. Having models or exemplars of successful initiatives from other jurisdictions can be a strong motivator for government action. Moreover, introducing the other important stakeholders, their views and experiences in addressing the same problem would provide additional context to better understand the issue and its importance and relevance.

Figure 7. Example from a 2-page policy brief (2nd page), showing the research findings and policy implications

The image shows a page from a Social Policy Report Brief. At the top, it says 'Volume 32, Number 1 | April 2019' and 'Social Policy Report Brief: Understanding and Addressing the Effect of Digital Games on Cognitive Development in Middle Childhood'. The page is divided into sections: 'Background (continued)', 'What the Research Says', and 'Implications for Policy and Practice'. There are three callout boxes: 'Research Findings' pointing to the 'Background' section, 'Policy & Practice Implications' pointing to the 'Implications for Policy and Practice' section, and 'Reference to full report' pointing to a footnote at the bottom. A source box at the bottom right provides the URL: https://www.srcd.org/sites/default/files/resources/spr_brief_32-1_final_0_0.pdf. The footer includes the SRCD logo and website information.

4.7 Recommendations

A policy brief often includes a set of key recommendations for policymakers based on the available evidence and the experience from other jurisdictions, as well as considerations of some of the other dimensions listed in Table 2 (e.g. costs, effects, feasibility). See Box 5 for an overview of the differences between policy options, implications, and recommendations.

There are various ways to present recommendations:

- On the first page – as part of the Summary, or immediately after it; it could also be in a separate box or sidebar.
- At the end as a separate section; or
- Distributed throughout the policy brief where they best matched to the text; in this case, each recommendation should be highlighted in some way (e.g. with bold fonts).

Figure 8. Example of policy recommendations in a policy brief



Source: Schwan et al (2017). From the #YouthWithoutHome Policy Brief Series.

https://www.homelesshub.ca/sites/default/files/attachments/YouthMentalHealth_Policy_Brief.pdf

FEDERAL RECOMMENDATIONS	PROVINCIAL/TERRITORIAL RECOMMENDATIONS
<i>Federal prioritization and support for systems integration at the provincial, territorial, and community levels to address the mental health needs of youth experiencing homelessness.</i>	<i>Provincial and territorial prioritization and support for systems integration in all efforts to address the mental health needs of youth experiencing homelessness.</i>
<ul style="list-style-type: none"> a) Work with provinces and territories to ensure that allocated mental health transfer funds will address the mental health needs of youth, especially homeless and Indigenous youth, through an integrated systems approach. b) Continue to invest in research to identify and evaluate effective, innovative, and highly integrated service delivery models, such as the <i>ACCESS Open Minds</i> research project. c) Identify evidence-based indicators of systems integration and improved access to supports and services for youth experiencing homelessness. d) Develop tools and metrics that provinces/territories and communities can use to assess system integration and improved access locally. e) Require provinces/territories to report on indicators that encourage community approaches to systems integration that can be adapted as evidence of best practices evolve. 	<ul style="list-style-type: none"> a) Invest in the provision of coordinated and integrated mental health supports and services at the community level through: <ul style="list-style-type: none"> ■ The use of health transfer funds to foster integration and systems change. For example, to support the scaling of successful integration models, such as <i>Foundry</i> in BC. ■ The promotion of strategic partnerships between community service organizations and health care providers. ■ Collaboration with communities to create rapid care access pathways for homeless youth with the greatest mental health needs. ■ The promotion of capacity building initiatives from community service direct care levels through to mainstream service domains (e.g., emergency rooms, first responders, etc.). ■ The establishment of information sharing agreements with youth-serving organizations to facilitate improved systems integration.

Many readers will skip straight to the recommendations and do not read the rest of the text. Therefore, regardless of the placement of this section, consider these points:

- ✓ Make them **easy to find**. Printing the recommendations in boldface, using a different colour, or putting them in a box labelled 'Recommendations' are useful ways to achieve this.
- ✓ State them **clearly** and make them **easy to understand**. Starting each recommendation with an action verb will help transfer the message better; boldfacing the keywords is also useful.
- ✓ Be **specific and to the point** – state what needs to be done without explaining why it should be done (the explanation or rationale should be provided in the text of the brief). Include the subject for each recommendation – indicate who needs to take action.
- ✓ Keep them **short**: avoid overwhelming the readers with a long list of recommendations. Fewer recommendations are better – if needed, you may be able to combine recommendations or drop some if there is any overlap. Another strategy is writing separate policy briefs on different aspects of the problem.
- ✓ Make sure that your recommendations are **accurate** and based on the most recent, correct and complete information.
- ✓ Make them **realistic**. If your recommendations are feasible (politically, economically, socially and technically), policymakers will be more interested in implementing them.

Appendix G provides further suggestions on how to craft effective policy recommendations using the SMART approach.

4.8 Conclusions

Some resources believe that a conclusion is not always necessary in a policy brief. The Summary (at the beginning) and the Recommendations (which may come at the beginning or end) can take over the role of the conclusions section in a policy brief. However, it could depend on the size of the policy brief and the writers' intent.

If you want to include a conclusions section, keep it short – one paragraph is enough without repeating what you have already stated (See Figure 9 for an example). Instead, you can highlight again how urgent the situation is or how important it is to select the recommended policy option.

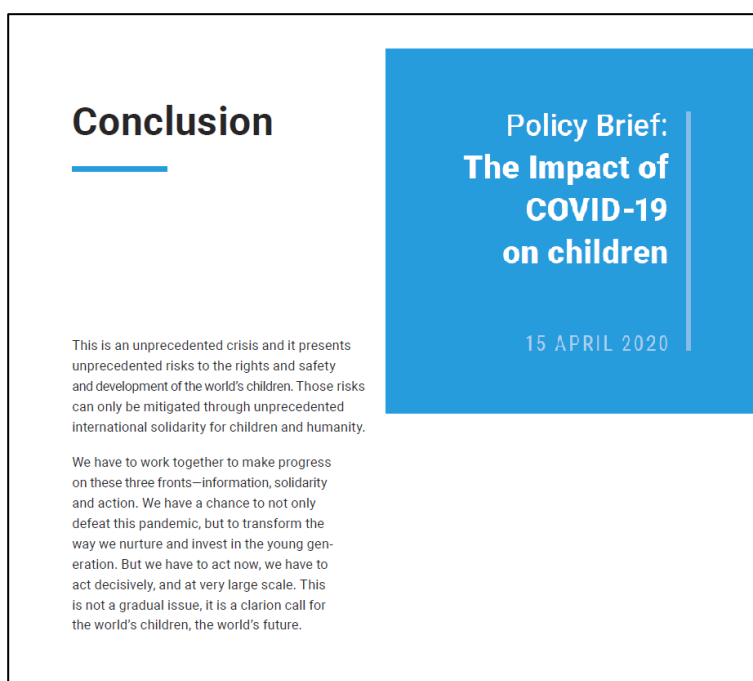


Figure 9. Example of a short conclusion in a 17-page policy brief

Source: *United Nations (2020): [policy brief on covid impact on children 16 april 2020.pdf \(un.org\)](https://www.un.org/development/desa/policy/20200416_policy_brief_on_covid_impact_on_children_16_april_2020.pdf)*

Box 5: Differences between policy options, implications and recommendations

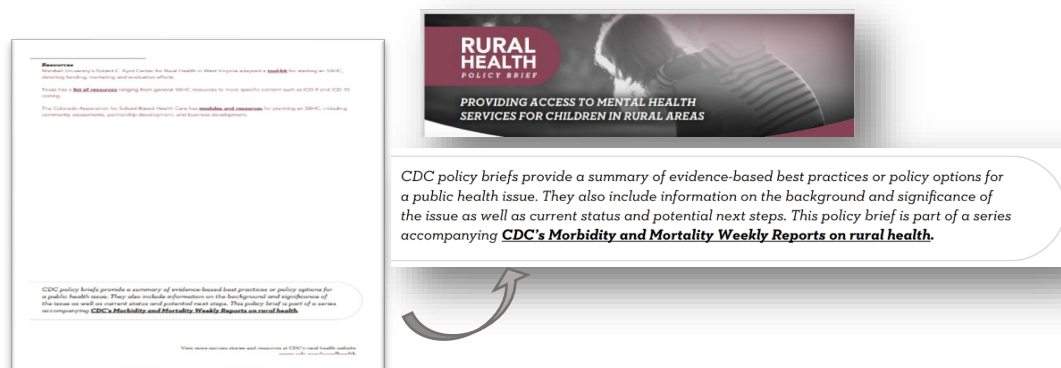
A policy brief may include policy options, as well as discussion of the implications of the proposed policy/policies, and specific recommendations for action. However, it is not necessary for all three sections to be included – for example, a policy brief may discuss policy options without any recommendations.

- **Policy options** are the suggested alternative approaches to address the issue or problem and the pros and cons of each. Researchers may present a few or several different options for policymakers to consider, although only one option (i.e. the recommended or most feasible option) is intended to be implemented.
- **Policy implications** discuss the intended result(s) of the proposed options and are usually less direct than policy recommendations. They generally point to the need for policy changes and the importance of taking action; and are based on the evidence that has been presented. They are more appropriate when policy advice has not been specifically requested.
- **Policy recommendations** are a more straightforward call for action in response to the research evidence and outline what the researcher thinks needs to be done. Similar to policy implications, recommendations must be supported by concrete evidence, but they must also be actionable, specific and targeted – i.e., describe **what** should happen next and **by whom** and also **where** these necessary steps to be taken.

5.0 Design

Policy briefs should also have attractive designs to engage the reader's attention. If your policy brief is a part of a series produced by a research organization or group, you may need to follow the specific organizational requirements and formatting (see an example in Figure 10).

Figure 10. Example of a policy brief as part of a series



Source: CDC [Mental-Health-Services-for-Children-Policy-Brief-H.pdf \(cdc.gov\)](https://www.cdc.gov/mentalhealth/pubs/2017/07/mental-health-services-for-children-policy-brief-h.pdf)

5.1 Font

The choice of font is important as it determines the tone of the policy brief. While there is no clear consensus on preferred colours and fonts for a policy brief, it is best to use a simple and conventional font, not something unexpected. Some of the commonly suggested fonts include Times New Roman, Calibri, Georgia, Cambria, Century, Arial and Helvetica. In addition, ensure the font is reasonably sized to allow for ease of review and large enough to meet accessibility requirements.

5.2 Hyperlinks

Use hyperlinks embedded within the text to allow readers to explore more details by directing them to relevant sources or websites, easily.

5.3 Visual aids

A policy brief may contain some of the following visual aids, and it is advised that at least include one:

Boxes and sidebars

You can use boxes or sidebars (small boxes positioned in the margin) to present several types of information that do not fit well in the flow of the main text, such as cases, definitions or explanations, lists, and examples (see Figure 11).

Boxes should be self-contained: the reader should understand them without having to read the main text. Each box should have a title and refer to it in the text. Do not use too many boxes: one on each page is enough.

Figure 11. Examples of using a box and sidebar for presenting a list

The Use of Cannabis During Pregnancy Policy Brief

September 2019

associated with various types of plants and herbs used in naturopathic remedies may play a therapeutic role in the effect of cannabis; however, there is no scientific evidence that has shown that terpenes do more than enhance scent and flavor (Ontario Cannabis Store, 2019).

2.2 Effects of Cannabis

The effects of cannabis are different for every user. In some cases, an individual may experience very different effects on different occasions and/or over the course of their life (Alcohol and Drug Foundation, 2019a). Factors that are often identified as accounting for variations in effects on individuals are: age, size, weight and health of the user; frequency of use; whether cannabis is taken with other drugs and/or alcohol; quantity consumed; potency of cannabis; environmental factors; history of mental illness; and an individual's personality (Alcohol and Drug Foundation, 2019a; Australian Institute of Health and Welfare, 2017; Grant and Bélanger, 2017; Parrott, Morinan, Moss and Scholey, 2004; Green, Kavanagh and Young, 2009).

The effects of cannabis can be felt immediately, within seconds to minutes of smoking, vaporizing or dabbing cannabis and can last for up to 24 hours (Government of Canada, 2019a). If cannabis is consumed by eating or drinking, effects can occur within 30 minutes to 2 hours and can last up to 24 hours (Government of Canada, 2019a).

Factors Affecting Reactions to Cannabis

- User Age, Size, Health and Weight
- Frequency of Use
- Consumption with Other Drugs/Alcohol
- Quantity Consumed
- Cannabis Potency
- Environmental Factors
- History of Mental Illness
- Personality

Figure 1.0 Factors Affecting Reactions to Cannabis

Impact of State Laws Governing Physical Education on Attendance among U.S. High School Students, 2003–2017

January 2020

KEY FINDINGS

- A one-unit score increase in state laws governing PE class time, staffing for PE, joint use agreement for physical activity, assessment of health-related fitness, and PE curriculum was associated with an increase in weekly PE attendance of 0.30, 0.28, 0.22, 0.20, and 0.13 days, respectively.
- A one-unit score increase in state laws governing moderate-to-vigorous-intensity physical activity time in PE, PE proficiency, and recess time was associated with a reduction in weekly PE attendance of 0.25, 0.15, and 0.09 days, respectively.
- The associations between state PE policies and PE attendance were stronger for girls than for boys.

POLICY BRIEF

Center for Health Economics and Policy
INSTITUTE FOR PUBLIC HEALTH AT WASHINGTON UNIVERSITY
January 2020

Impact of State Laws Governing Physical Education on Attendance among U.S. High School Students, 2003–2017
by Ruopeng An, PhD; Mengmeng Ji, MS; Caitlin Clarke, PhD; Chenghua Guan, PhD

Graphics

Graphics can be helpful for presenting the research findings and may include diagrams (such as flow charts or schematic diagrams), graphs (such as bar charts, line graphs and pie charts) and maps (see Figure 12 for example). Readers often look at them before reading the text. Therefore, when choosing an appropriate graphic, including the following:

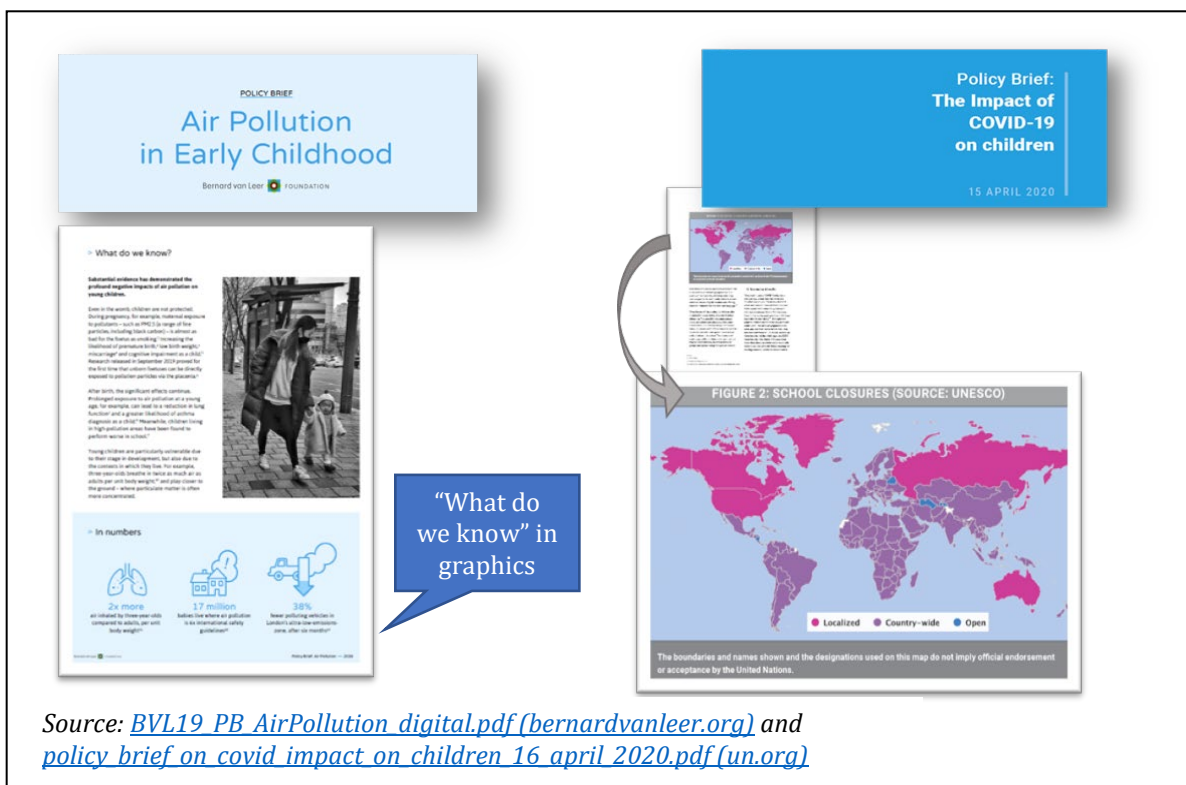
- ✓ Keep it simple: do not clutter a graph with too many lines: show only the most important variables.
- ✓ Make the labels legible.

Photographs

- ✓ Select photos carefully to both carry a message and make the page attractive.
- ✓ Use only good-quality photos, at least a 150 dpi (dots per inch) resolution (preferably 300 dpi), if you want to print the policy brief.

- ✓ Make sure about permission to use the photographs, and if it is necessary, include the photographer's name (see example of image credits in Figure 14).

Figure 12: Examples of using graphics and photographs in a policy brief



5.4 Organizational Details

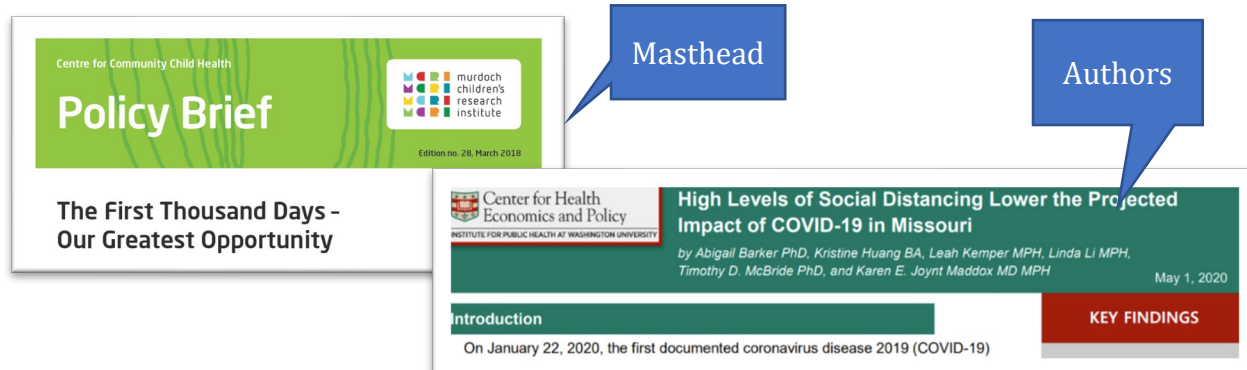
Masthead

The masthead is usually located at the top of the first page to show the title of the policy brief series, the issue number and date, and the organization's logo (see Figure 13 for an example).

Authors

While some organizations print the authors' names just under the title, others put them in a footnote or at the end of the text. Alternatively, some do not name individuals as authors—since the policy brief has come from the organization as a whole (Figure 13).

Figure 13: Examples for masthead and authors



Acknowledgements and publication details

Depending on the authors and audience for the policy brief, you may need to add more information such as:

- An acknowledgement of funding sponsors and organizations/individuals who made significant contributions
- The publisher and date
- Some information on the copyright

If necessary, a disclaimer stating that the views expressed in the policy brief do not necessarily reflect those of the publishing organization (see Figure 14).

Figure 14: Example of addressing additional information in a policy brief

Contact,
Further reading,
Acknowledgements

For further information

Please visit our website
<http://www.oecd.org/health/dementia.htm>

or contact Elina Suzuki
Health Policy Analyst
Health Division, OECD

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+33.1.85.55.68.83

Further reading

[Care Needed: Improving the Lives of People with Dementia](#)

[Addressing Dementia: The OECD Response](#)

[Dementia Research and Care – Can Big Data Help?](#)

[OECD Council Recommendation on Health Data Governance](#)

Renewing priority for dementia:
Where do we stand?

Disclaimers

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

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Source: OECD (2018) www.oecd.org/health/health-systems/Renewing-priority-for-dementia-Where-do-we-stand-2018.pdf

5.5 References and Appendices

References and footnotes

Considering the size of a policy brief, it is unnecessary to include a complete list of references as you would do in an academic publication. Instead, you can typically provide a more succinct list of one to four sources where readers can find further information, specifically in short briefs. Give the web addresses of publications if you can. You can divide them into Sources consulted, and Sources recommended (for further reading).

It is best to avoid footnotes if you can: Since readers are unlikely to read them, it is better to include any important details in the main text.

Appendices

Appendices may be included as additional resources at the end of a policy brief (i.e. after the references). Typically, an appendix is used to provide further information that may be of interest to the reader (e.g. a table describing policies across jurisdictions); to give additional context or description about one of the topics covered in the brief (e.g. a copy of relevant legislation or survey questions); or to provide tools or examples that can be used (e.g. a checklist or form). Appendices should not contain key or essential information that is needed to understand the research findings.

5.6 Making a Policy Brief Accessible

After creating all of the content for a policy brief, you can make it accessible to people with disabilities or readers who require alternative formats through some simple adjustments. Making a document accessible will enhance your reach to an even broader audience and goes beyond the design considerations mentioned in Section 5 (e.g. font, hyperlinks, visual aids).

Accessibility for Microsoft Office documents

Several built-in Office features help you to make sure that everybody can read and understand your final documents. Instructions are available from this [Microsoft Support link](#) and use the [Check Accessibility](#) option in the Word document Review pane.

Accessibility for PDF documents

To create and verify PDF accessibility, you need Acrobat Pro software. This [link from Adobe help](#) provides instructions to implement, check or fix accessibility issues in your final document.

6.0 Review and Revise the Policy Brief

When you have completed the draft of your brief, think once again about your purpose, audience group and the main messages. Consider the following when reviewing your brief:

- ✓ Check again if the **importance** of your brief is clearly explained to the audience.
- ✓ Make your brief **user-friendly** and easy to read. Rewrite the technical words, jargon, and complex statistics into plain and non-academic language.
- ✓ Ensure you are using the **present tense**.
- ✓ Watch for **repetition** in different sections of your argument.
- ✓ Check again to ensure you backed up all recommendations with **logic and evidence**.



You may identify other experts on the topic who could review and provide feedback before it is finalized.

You can use a checklist to ensure that the brief has followed the appropriate steps. The sample questions, checklists, and forms in Appendices B, D, and E can be consulted in this process to help you review and revise the policy brief.

7.0 Creating a Policy Brief from a Larger Report

A policy brief is often based on a longer report, such as a policy study, scientific paper or working paper. However, editing a long report to a short policy brief is not an easy task; it can be challenging to determine which sections or information can be discarded or removed without compromising the key findings, and what remains may not follow a natural flow. Therefore, rather than attempting to modify the current report, it may be easier to think of the big picture and then write the new policy brief from scratch.

Finding the big picture: Look at the full report from a distance, and focus on the questions:

- What problem is addressed by this project?
- What did the study find out?

Then, think of the audience of the policy brief:

- Who is the policy brief audience?
- What aspects of this report are of interest to policymakers?
- What do you want the policymakers to do differently?

By answering these questions, you can select the important aspects of the report to focus on.

✓ **Writing from scratch:** There are two main ways to write a policy brief from scratch:

a. Start at the beginning

You could write the policy brief in a logical order: the introduction, the body structure and the body and the supporting materials (the cases, boxes, tables, graphics, photos etc.). Afterward, reorder the text, so the recommendations come at the beginning.

b. Start at the end

In this method, write the text in reverse order: start with the recommendations, the body structure will lead up to these recommendations, the body, and add the supporting materials. Write the introduction at the end and order the text, so the recommendations come at the beginning.

You may select a combination of both approaches to come up with your final text.

8.0 Dissemination

To increase the potential influence of a policy brief, it is important to consider a broader dissemination process using a variety of media forms. This means going beyond the standard publications and presentations and using other forms of communication such as press releases, plain language summaries, infographics, social media, and in-person networking. By increasing the number of channels used to communicate your evidence, you



can achieve greater visibility and reach diverse audiences. The dissemination stage is an opportunity to be innovative and explore alternative means of capturing your audience's attention – take advantage of new technologies and try to tap into different learning styles.

The *Co-Produced Pathway to Impact Model* presented in Section 1 (Figure 1, page 1) shows the importance of dissemination in the progression from research to impact. As shown in the model, stakeholder input plays an essential role in determining the dissemination strategy – research findings should be tailored to meet the partner or stakeholders' needs and preferences in terms of the content, design, and type of publication or product to facilitate uptake of the research and recommendations.

It can also be helpful to use relationships with external individuals or organizations as a strategy for garnering more support for your research evidence and proposed solutions. This may include experts on the issue, professional associations, NGOs, or even intermediary “evidence champions” or “brokers” whose role is to help researchers connect to policymakers and translate their research into policy.

Note 1: If you use other channels for disseminating your policy brief, remember that the messenger's credibility is important, as it influences the audience's acceptance of the evidence being presented. Professional and scientific institutions and international organizations are some examples of legitimate mediators between researchers and policymakers.

Note 2: Timely release and dissemination of your brief is also critical to enhance its impact. For instance, you may aim to release the findings at a time when policies are being changed/formed, an important event related to the issue is taking place, or when there is current media interest in the topic.

Other dissemination strategies include:

- ✓ You can email it to key stakeholders and explain why they will find it useful in your email text.
- ✓ You can also identify upcoming events (conferences, meetings, or workshops) and coordinate with organizers to plan for disseminating through delegate pack or seat-drop.
- ✓ Websites and social media: Posting your brief on an organization's website, topic-specific websites such as [Canadian Child Welfare Research Portal](#), electronic newsletters and social media such as Twitter or Facebook are also helpful strategies to disseminate your brief.

Oral presentations accompanying papers can also be published through some social media channels such as YouTube or the SlideShare platform via LinkedIn as another method for sharing the important study results.

9.0 Additional Resources

Some sources for examples of policy briefs:

[Journal of Health and Social Behavior Policy Briefs | American Sociological Association \(asanet.org\)](http://asanet.org)

Centre for Community Child Health. The Royal Children Hospital Melbourne. [Centre for Community Child Health: Policy Brief \(rch.org.au\)](http://rch.org.au)

[Social Policy Report Briefs | Society for Research in Child Development SRCD](http://srccd.org)

Recommended Resources:

Centre for Health Economics and Policy. (2019). Policy Brief Toolkit. Institute for Public Health at Washington University. Retrieved from: [Policy Brief toolkit \(wustl.edu\)](http://wustl.edu)

Food and Agriculture Organization of the United Nations [FAO]. (n.d). Writing effective reports. Chapter 4.1: Preparing Policy Briefs. Retrieved from: <http://www.fao.org/3/i2195e/i2195e03.pdf>

International Development Research Centre [IDRC]. How to write a policy brief. [How to write a policy brief | IDRC - International Development Research Centre](http://idrc.org)

Lavis, J. N., Permanand, G., Oxman, A. D., Lewin, S., & Fretheim, A. (2009). SUPPORT Tools for evidence-informed health Policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(S1), S13.

Tessier, C. (2019). The policy brief: A tool for knowledge transfer. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

Young, E., & Quinn, L. (2017). An essential guide to writing policy briefs. *International Centre for Policy Advocacy ICPA gGmbH*.

Other sources consulted for this toolkit:

Aromataris, E., Fernandez, R., Godfrey, C. M., Holly, C., Khalil, H., & Tungpunkom, P. (2015). Summarizing systematic reviews: methodological development, conduct and reporting of an umbrella review approach. *JBI Evidence Implementation*, 13(3), 132-140.

Ashcraft, L.E., Quinn, D.A., & Brownson, R.C. (2020). Strategies for effective dissemination of research to United States policymakers: a systematic review. *Implementation Science*, 15: 89. <https://doi.org/10.1186/s13012-020-01046-3>

Bayley, J., Phipps, D., Batac, M., & Stevens, E. (2017). Development of a framework for knowledge mobilisation and impact competencies. *Evidence & Policy: A Journal of Research, Debate and Practice*, 14, 725-738.

Bennett, G., & Jessani, N. (Eds.). (2011). *The knowledge translation toolkit: bridging the know-do gap: a resource for researchers*. SAGE Publications India.

- Center on the Developing Child at Harvard University (2014). A Decade of Science Informing Policy: The Story of the National Scientific Council on the Developing Child. <http://www.developingchild.net>
- Center on the Developing Child at Harvard University (2016). From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. <http://www.developingchild.harvard.edu>
- Centers for Disease Control and Prevention [CDC]. (2018). Resources for writing briefs. Retrieved on April 25, 2019. Retrieved from: <https://www.cdc.gov/policy/polaris/training/policy-resources-writing-briefs.html>
- Doyl, S. (2013). How to Write a Policy Recommendation. Writing for Government and the Public Sector. Retrieved from: [English 302: Writing a Policy Recommendation \(uvic.ca\)](#)
- French-Constant, L. (2014). How To plan, write and communicate an effective Policy Brief Three Steps to Success. Retrieved from: [PBWeekLauraFCfinal.pdf \(researchtoaction.org\)](#)
- Grant, M. J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health information & libraries journal*, 26(2), 91-108.
- Influencing Social Policy. (2016). Policy Brief Checklist [2-Policy-brief-checklist.pdf \(influencingsocialpolicy.org\)](#)
- Keepnews, D. M. (2016). Developing a policy brief. *Policy, Politics, & Nursing Practice*, 17(2), 61-65.
- Kendall-Taylor, N., & Levitt, P. (2017). Beyond hat in hand: science advocacy is foundational for policy decisions. *Neuron*, 94(4), 708-712.
- McIvor, M. (2018). Writing Policy Briefs & Reports Overview, Tips, & Resources. Retrieved from: [Microsoft Word - Policy Writing Guide- Feb.10 Draft.docx \(utoronto.ca\)](#)
- Parkinson, R. B. (2017). Classic Format of a Briefing Note. Retrieved from: <http://writingforresults.net/classic.pdf>
- Phipps, D.J., Cummings, J. Pepler, D., Craig, W. and Cardinal, S. (2016) The *Co-Produced Pathway to Impact* describes Knowledge Mobilization Processes. *J. Community Engagement and Scholarship*, 9(1): 31-40.
- Say, S. O. K., & Fata, N. O. (2018). General Guidelines for Conducting Education Policy Analysis: A Step-by-Step Guide.
- Shonkoff, J. P. (2014). A Decade of Science Informing Policy: The Story of the National Scientific Council on the Developing Child.
- Society for Research in Child Development [SRCD]. (n.d.). Social Policy Report Briefs. [Social Policy Report Briefs | Society for Research in Child Development SRCD](#)
- Start, D., & Hovland, I. (2004). *Tools for policy impact: a handbook for researchers*. London: Overseas Development Institute.
- The SPOR Evidence Alliance. (2021). Knowledge Synthesis. Retrieved from: <https://sporevidencealliance.ca/research-2/our-research/>

Taylor, J. (2007). In praise of the feasibility study [Editorial]. *Journal of Clinical Nursing*, 16(10), 1789–1791.

UNC (The University of North Carolina at Chapel Hill). (n.d.). Policy Briefs. Retrieved from: [Policy Briefs – The Writing Center • University of North Carolina at Chapel Hill \(unc.edu\)](#)

WHO (World Health Organization). (2011). A Compilation of Institutions Producing Synthesis Documents Prepared by the Alliance for Health Policy & Systems Research. Retrieved from: [Online Databases or Collection of Summaries related to HPSR \(who.int\)](#)

Wolfe, Rebecca. “Policy briefs: A guide to writing policy briefs for research uptake”. RESYST, 2013. Retrieved from: http://blogs.lshtm.ac.uk/griphealth/files/2017/01/Policy-briefs-guide_2015.pdf





Wong, S. L., Green, L. A., Bazemore, A. W., & Miller, B. F. (2017). How to write a health policy brief. *Families, Systems, & Health*, 35(1), 21. <http://dx.doi.org/10.1037/fsh0000238>

Zervigon-Hakes, A. M. (1995). Translating research findings into large-scale public programs and policy. *The Future of Children*, 175-191.

Appendix A

Different types of briefing documents

This table includes four types of briefing documents identified by the CDC that are commonly used to share evidence and inform decisions and policies related to public health. Only *policy briefs* and *policy impact briefs* go beyond describing the problem by presenting policy options; and the impact brief is the most in-depth document as it also includes evidence on policy impact.

			
The information brief	The issue brief	The policy brief	The policy impact brief
Summarizes the research on a policy method, approach, or other related topic like behavioral economics or the Health in All Policies approach. (<i>overview of health policy concept</i>).	Summarizes the best available evidence on a public health problem with policy implications; most appropriate when no policy solutions are known to exist and the issue is still in the problem identification domain of the policy process. (<i>overview of public health problem</i>).	Provides a summary of evidence-based best practices or policy options for a problem; appropriate for issues in policy analysis, strategy and policy development, policy enactment, and policy implementation respectively. (<i>policy option[s] for public health problem</i>).	Summarizes the best available evidence concerning the health, social, economic, budgetary, etc. impacts of public policies; appropriate when evaluations and evidence exist on the impact of the policy (<i>strong evidence on policy impact</i>).

Source: Centers for Disease Control and Prevention [CDC], (2018); Tessier (2019).

Appendix B

Questions about planning, writing, and revising process

Determine your purpose

- What is the objective of this policy brief?
- Is it an advocacy or objective brief?
- What structure is appropriate to conduct your argument?

Define the problem

- What is the issue or problem?
- Why is it important?
- Is the issue clearly framed for the audience of your brief?

Identify your key stakeholders

- Who will be informed by this policy brief (key audience)?
- How knowledgeable are the key audience about this topic? Conduct audience research: Review data through formative research, not just gussing.
- Who are impacted by this policy and recommendations and who cares? Analyze your stakeholders (specifically in terms of their power and interests)

Develop content

- What are the specific policy action(s) that will address the problem based the available evidence?
- Do we have enough evidence to pick one policy action and go into depth in the policy brief?
- What is the level of evidence?
- What other jurisdiction have done? Are there any success or failure stories?
- Are recommendations based on the findings?

Make your case


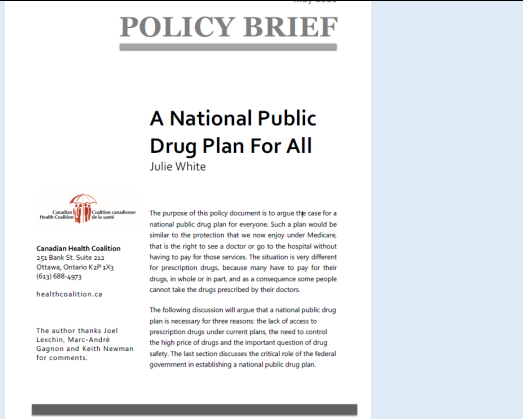
- Do my key findings easy to find and capture the attention of readers?
- Have I selected the appropriate and relevant design and visual aids e.g. boxes, figures, tables, etc. for this policy brief?

Review and Revise

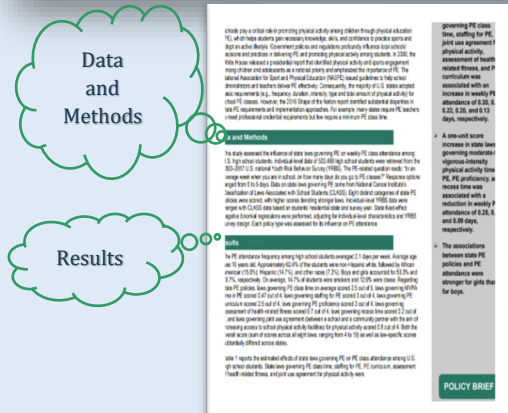
- Have I organized the findings with appropriate headings and subheadings?
- Are the used terms and statistics familiar to the readers?
- Is the brief formatted to be concise, compelling and visually appealing?

Appendix C

Various Structures for the Main Body of a Policy Brief (with Examples)

Structure	Example and source	Description
<p>Problem – effects – causes –Solution Begin by outlining the problem in more detail, then show what effects it has. Describe the causes, and finally offer some solutions (the policy implications).</p>	 <p>POLICY BRIEF June 2018 MITIGATING ARSENIC IN DRINKING WATER</p> <p>Source: Mitigating arsenic in drinking water.pdf (unicef.org)</p>	<p>UNICEF in this 6-page policy brief explains naturally occurring arsenic contamination of groundwater as a serious public health risk. The mortality and morbidity, as the consequences of arsenicosis are discussed. At the end, five recommendations suggested to achieve 3 defined objectives.</p>
<p>Subject 1 – Subject 2 – Subject 3 – policy Implications Divide the topic up into several subjects or subtopics and discuss each one in turn, before going into the policy implications.</p>	 <p>POLICY BRIEF</p> <p>A National Public Drug Plan For All Julie White</p> <p>Source: Microsoft Word - New look 2 CHC Drugs Policy Paper 2016.docx (healthcoalition.ca)</p>	<p>This 19-pages policy brief from Canadian Health Coalition, argues that a national public drug plan is necessary for three reasons:</p> <ol style="list-style-type: none"> 1- the lack of access to prescription drugs under current plans, 2- the need to control the high price of drugs, and 3- the importance of drug safety. <p>At the end, it delivers six recommendations for moving forward to develop a national public drug plan.</p>

Structure	Example and source	Description
<p>Example 1 – Example 2 – Example 3 – policy Implications</p> <p>Give one or more examples of the problem you want to address. Then generalize from these to derive policy recommendations.</p>	<p>POLITICAL INSTITUTIONS AND THE COMPARATIVE MEDICALIZATION OF ABORTION</p> <p>Journal of Health and Social Behavior Drew Halfmann¹</p> <p>JHSB Policy Brief</p> <p>RESEARCH PROBLEM & DATA</p> <p>Why is abortion more medicalized in Britain than in the United States?</p> <p>Medicalization is a process by which medical personnel, practices, and language become more central in addressing social problems. Abortion is better integrated into the mainstream medical system in Britain than in the United States. In the United States, 95% of abortions occur in freestanding abortion clinics rather than in hospitals or physicians' offices, and only 14% of obstetrician-gynecologists perform abortions. Most women pay for abortions out-of-pocket rather than through health insurance, and in most states, Medicaid does not pay for abortions in most instances. Anti-abortion laws restrict medical judgments, preventing physicians from offering timely and accessible care, choosing appropriate procedures and safety measures, and providing accurate information. Early abortions are available at the request of the pregnant woman, though there are significant barriers to access. In Britain, by contrast, approximately 40% of abortions occur in National Health Service (NHS) hospitals, while the remainder are funded by the NHS but provided in nonprofit, private clinics that have a close relationship with the NHS. Britain allows abortions only with the approval of two doctors for health reasons. Physicians' associations are among defenders of abortion services.</p> <p>The study explains the origins of this difference through historical reconstruction of abortion legalization and implementation in the two countries during the late 1960s and 1970s. It relies on primary and secondary sources, including the internal and external documents of social movement organizations and medical associations (e.g., letters, memos, position papers, conference proceedings, and publications) as well as legislation, judicial opinions, government statistics, newspaper accounts, polls, academic journal articles, memoirs, speeches, and published interview notes.</p> <p>KEY FINDINGS</p> <ul style="list-style-type: none"> Differences in the medicalization of abortion were first established in the late 1960s and 1970s and shaped by three differences in the political institutions of the two countries: public versus private medical systems, national policymaking versus state-federal policymaking, and legislative versus judicial policymaking. In the context of a market-based medical system, the American Medical Association, unlike its British counterparts, focused mainly on fighting national health insurance rather than shaping abortion law and practice. Before <i>Roe v. Wade</i>, a few states enacted abortion policies that required physician approvals of abortions. But these policies were failures—hardly affecting abortion access and paving the way for abortion on request. Non-hospital abortion clinics in New York and California also became models for the rest of the country. Because American abortion policy was made through constitutional courts rather than legislatures, abortion was defined as a right to privacy rather than a right to health care, as in Britain. <p>POLICY IMPLICATIONS</p> <p>Source: American Sociological Association. Political Institutions and the Comparative Medicalization of Abortion (asanet.org)</p>	<p>This 1-page policy brief reviews two examples, Britain and the US, in terms of medicalized abortion and the related policies in each country and make some recommendations for the related political institutions.</p>

<p>Problem – Intervention – Results – Policy implications</p> <p>Describe the problem and show how an intervention overcame it. Then make some recommendations on how to implement the intervention more widely.</p>	<p>Center for Health Economics and Policy INSTITUTE FOR PUBLIC HEALTH AT MASSACHUSETTS GENERAL HOSPITAL</p> <p>Impact of State Laws Governing Physical Education on Attendance among U.S. High School Students, 2003–2017</p> <p>by Ruopeng An, PhD, Mengmeng Ji, MS, Caitlin Clarke, PhD, Chenghua Guan, PhD</p> <p>January 2020</p>  <p>The infographic is divided into three main sections: 'Data and Methods', 'Results', and 'Policy Brief'. The 'Data and Methods' section describes the study's focus on the relationship between state laws governing physical education (PE) and PE attendance among high school students. The 'Results' section highlights that PE attendance frequency among high school students averaged 2.3 days per week, with a range from 0 to 6 days. It notes that states with PE laws had higher attendance rates (2.5 days per week) compared to states without PE laws (2.1 days per week). The 'Policy Brief' section suggests that the associations between state PE policies and PE attendance were stronger for girls than for boys.</p> <p>Source: CHEP-Physical-Education-Brief-Ruopeng-An-Final.pdf (wustl.edu)</p>	<p>This is an example of a policy impact brief. This 2-page policy brief is based on the results of national Youth Risk Behavior Survey (YRBS), 2003–2017 in the U.S. It assessed the influence of state laws governing physical education (PE) on weekly PE class attendance among U.S. high school students. It presents the key findings and suggests policy implications.</p>
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Appendix D

Planning the Elements of Your Policy Brief

This list of questions aims to help researchers plan and develop a policy brief based on what they are aiming to achieve.

1. TITLE
 - a. Is your title the same as the one you used in the longer paper or analysis?
 - b. Try to make it more 'sticky' or memorable and engaging for this audience.
2. EXECUTIVE SUMMARY
 - a. What key elements of the rationale/problem will you include in your summary?
 - b. How will you summarise your proposal/recommendation in one or two sentences?
 - c. Does your summary convince the reader to read further?
3. RATIONALE FOR ACTION ON THE PROBLEM
 - a. What elements of the problem/policy failure will you focus on to illustrate its importance and urgency to the target audience?
 - b. What evidence can you use to demonstrate the impact or magnitude of the problem?
 - c. Are there any 'striking' (i.e. dramatic) facts, graphs, photos, stories or maps that you could include to support your points?
4. PROPOSED POLICY OPTION(S)
 - a. Are you going to develop this part with multiple options or just focus on your proposed option?
 - b. Which policy option(s) are you arguing for/against?
 - c. What arguments and evidence will you provide to demonstrate the strengths/weaknesses of the option(s) included?
5. POLICY RECOMMENDATIONS
 - a. Which specific steps or measures should be taken (and by whom) to realistically and feasibly implement the chosen option?
 - b. Are you going to close the paper with a closing call to action?
6. SOURCES CONSULTED OR RECOMMENDED
 - a. Are you going to include some references to support points made in the brief? (the sources consulted approach)
 - b. Or will you include documents (that you previously wrote) that also support the position you are putting forward? (the sources recommended approach)
7. LINK TO ORIGINAL RESEARCH/ANALYSIS
 - a. Have you got a full reference and links to the longer supporting paper or analysis that are the basis for the brief? (especially the more expert-oriented paper?)
8. CONTACT DETAILS
 - a. Are you going to include all details? Name, address, phone, website, email etc.

(Source: adopted from [Young & Quinn, 2017](#))

Appendix E Policy Brief Checklist

This checklist is designed to help the author review their own policy brief to ensure that it meets the desired criteria or have someone else review and provide feedback.

Argument Flows Clearly			<i>Comments and suggestions:</i>
Yes	Needs Work		
		Aim is clear	
		Conclusion is clear at the outset	
		Problem is clearly stated and backed with evidence	
		Recommended actions are clear and specific	
		Recommendations flow logically from the evidence presented	
		All information is necessary for the development of the argument	
Content is Appropriate for the Audience			<i>Comments and suggestions:</i>
Yes	Needs Work		
		Importance to the audience is clear	
		Recommendations are appropriate for the audience	
		Understandable without specialized knowledge	
Language is Clear, Concise, and Engaging			<i>Comments and suggestions:</i>
Yes	Needs Work		
		Words are not unnecessarily complex	
		Jargon is not used	
		Sentences are not cluttered with unnecessary words or phrases	
		Text is engaging (e.g., active voice, varied sentence structure)	
Visual Cues Help the Reader Navigate and Digest Information			<i>Comments and suggestions:</i>
Yes	Needs Work		
		White space and margins are sufficient	
		Text is broken into sections with identifiable focus	
		Headings cue the key points that follow	
		Key points are easy to find	
Data Are Presented Effectively			<i>Comments and suggestions:</i>
Yes	Needs Work		
		All data are necessary for the argument	
		Data are easy to understand	
		Data are presented in the most appropriate format	
		Graphics are not redundant with text	

(Source: *Influencing Social Policy*, 2016. [2-Policy-brief-checklist.pdf \(influencingsocialpolicy.org\)](#))

Appendix F

Research to Impact Canvas

This tool is designed for use by researchers and professionals as a one-page planning tool for sketching out the research plan and knowledge translation strategy, including identifying the target audience and desired impact of the research. It is based on the Co-Produced Pathway to Impact model. (Note: a blank, editable version is also available).



Research to Impact Canvas - instructions - REFERENCE

For more information about business model canvas: <http://bit.ly/BusModCanvas>

(adaption of the Business Model Canvas by A.Poetz & D.Phipps)

with thanks to: Michael Johnny, Krista Jensen, Simon Landry of York University's KMB Unit

for use by research project teams to quickly sketch out a complete KT or commercialization plan

Project Title: _____		Funding Start Date: _____		Funding End Date: _____	
What is the stakeholder need you will be addressing: Think about the stakeholder need(s) you will address with your work					
IMPACT desired (what changes you are hoping to achieve/contribute toward achieving): What impact (changes) are you hoping to achieve i) short-term, ii) medium-term, iii) long-term by addressing this/these need(s)? (e.g. citizens served, social, economic, environmental health benefits, media and public awareness, vulnerabilities addressed, new research questions).					
1. Stakeholder(s) (Target Audiences, Customers or End Users) Who are the stakeholders? For whom are we creating the benefits/value? What do they think? See? Feel? Do? Need? What are their needs/wants/fears? How do you know? Who will we engage on an ongoing basis to continually inform the research process, commercialization and KT products with their lived experiences? How many potential paying (or users of our research findings/evidence-informed resources) stakeholder(s) are there (what is the size of your market)? Who are our most important stakeholder(s)? How many stakeholders could you reach in what time frame?	2. Stakeholder Engagement (CO-PRODUCTION) How do you interact with different stakeholder(s)? What type of relationship / resources do each of our stakeholder groups expect us to establish and maintain with them? Which stakeholder groups have we already established a relationship with? How are these stakeholders integrated with the rest of our research, commercialization and/or KT plan? 4. DISSEMINATION & Communication Outputs: Publications, conferences, workshops, Social media channels, Videos, infographics, clear language summaries, Media and public awareness, Intellectual Property (IP) including patents. What are our distribution networks for dissemination of knowledge and commercialized products? Which distribution networks work best? How do our end users want to be reached? How are we reaching them now?	3. Benefit of the RESEARCH for Stakeholders What benefit/value do we deliver to the stakeholder(s)? Which one of our stakeholder's problems (needs) are we helping to solve? Which stakeholder needs for which stakeholder segment(s) are we addressing? What new knowledge is being generated? Deeper/new partnerships? Experience and learning for academic trainees? New methods developed? New tools created? New knowledge gaps identified and subsequent research questions generated? What commercialization or KT products and/or services are we offering to each stakeholder segment? What's compelling about the value proposition? Why do (would) stakeholders want, buy and/or use the outputs?	6. Key Project & KTEE Activities What Key Activities does our value proposition (benefit for stakeholders in #3) require? Research activities? Knowledge Translation activities? Commercialization activities? Which key activities do partners perform? How will you measure whether impact has occurred (qualitative and quantitative indicators)? 7. Key Resources Needed to Deliver the Benefits for Stakeholders (in #3) Who are the people we need/have? Equipment? Materials? Physical space (office, lab, etc.) Software? Knowledge? Skills? Time frame within which the resources are needed?	8. Key policy/practice or industry partner(s) What are the key partners for our project (try to list a partner in each stakeholder group related to our product)? What are the things that can not be done internally within the project team that we need a partner to do? Who are the partners that, if we lost them, we couldn't continue with the project (these are "key partners")?	
5. What are the UPTAKE and IMPLEMENTATION benefits for stakeholders? Research considered and validated for use in certain contexts? Research adapted for use in different contexts? Technology licenses obtained? Best practices established? How the research informed policy? Practice? Services? Individual behaviour? New gaps in knowledge (leading to generation of new research questions) identified? Policy and/or practice based trainees involved in the project? How many situated within partner organizations? New funding for developing/improving programs that deliver services to our stakeholders? Changes made in existing programs or services? Changes in individual behaviour/attitudes?			9. Budget for doing the project & KTEE activities What are the costs associated with the resources needed for this project? Have you budgeted for all KT/commercialization activities? Is this investment worth the potential for uptake and implementation of the KT/commercialization products? What are the partner contributions of cash or in-kind to our project?		

Notes about use of this Research to Impact Canvas:
 This tool is intended to be used for each individual research project. Within each research project will be multiple stakeholders for which the project delivers multiple benefits. Each benefit can be matched to each stakeholder segment, using either colour coding or numbering.
 The research to impact canvas is intended to be a 1-page quick snapshot of your plan. Bullet points only, no full sentences.
 Suggest printing this on 11x17" paper (or @66% on 8.5x11"), and using post-it notes to answer the questions to limit how much you can write, helping to keep each entry brief.

Short-term changes take less than 12 months to achieve
 Medium-term changes take between 1-5 years to achieve
 Long-term changes take more than 5 years to achieve
 KTEE Knowledge and Technology Exchange and Exploitation - both commercialization (technology and economic) and Knowledge Translation (e.g. social/such as policy and practice changes)

(Source: adaption of the Business Model Canvas by Poetz & Phipps; as produced by the Kids Brain Health Network, available at: <https://kidsbrainhealth.ca/index.php/impact/tools-for-impact/>)

Appendix G

SMART Recommendations

The SMART mnemonic, originally developed for writing effective goals or objectives, can be a helpful method to follow when crafting policy recommendations in order to achieve the greatest level of impact and uptake among policymakers. The SMART method provides a structured approach to developing recommendations, communicating the intended impact to stakeholders, concretely describing how goals will be met, and systematically monitoring progress towards the intended target(s).

In general, when writing policy recommendations, you should think about **[who] will do [what] resulting in [measure] by [when]**. However, not all of the components listed below will be applicable for every situation (e.g. there may not be a specific time frame).

S - specific	Should be concrete, detailed, focused, and well-defined. Try to include the 'who', 'what', 'when', 'where', and 'why' of what needs to be done
M - measurable	Include a metric and identify the measurement or data source to evaluate progress and determine when change has occurred. Use numbers and comparisons where possible
A - attainable or achievable	Ensure the recommendation is within reach and feasible, given the available resources, knowledge and time
R - relevant	Should align with current policy environment or stakeholder goals and values
T - time-bound	Provide a target date for when the recommendation should be achieved by or include time constraints

Example of a SMART recommendation:

Original:	Improved:
Reduce obesity rates for children and adolescents	Reduce the percent of 9 th graders in Ontario who are obese from 8% baseline to 7% by December 31, 2022

Source: [Minnesota Department of Health](#)